

CONSUMER NAME: _____ HOME PHONE NUMBER: _____

E-Mail Address: _____

MANUFACTURER: _____ LOCATION: _____ DATE OF MANUF: _____

SERIAL NUMBER: _____ HUD LABEL NUMBER: _____ DATE PURCHASED: _____

DEALER: _____ PHONE NUMBER: _____

DEALER ADDRESS:			
(Street)	(City)	(State)	(Zip Code)

INSTALLER COMPANY: _____ PHONE NUMBER: _____

INSTALLER ADDRESS: _____

(Street) (City) (State) (Zip Code)

NATURE OF COMPLAINT: LIST ONLY THOSE CONCERNS WHICH ARE CLASSIFIED AS MANUFACTURING DEFECTS.
(Cosmetic items, problems caused by set-up on site, and warranty items need to be excluded)

[illegible]

SIGNATURE

DATE _____